



ST. MATTHEWS  
*Experience God's Family*

# Membership application form

## **Please note the following before you apply for membership:**

1. *You need to be 18 years of age or over.*
2. *You need to have been baptized as a child or adult.*
3. *You need to have been attending St Matthews regularly as a committed Christian for at least six months.*
4. *Only if you are transferring membership from any other church to St Matthews do you need to fill out "J" In the fill-out section below - otherwise not.*
5. *Filling out this form does not automatically mean that you will be taken into*

A. NAME: \_\_\_\_\_ B. SURNAME: \_\_\_\_\_

C. DATE OF BIRTH: \_\_\_\_\_ D. LANGUAGE PREFERENCE AT HOME: \_\_\_\_\_

E. HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

F. POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

G. TELEPHONE NUMBERS: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

FAX:HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

CELL: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

H. NAMES OF FAMILY LIVING IN YOUR HOME AND RELATIONSHIP TO YOURSELF:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. LENGTH OF TIME AT ST MATTHEWS AS A COMMITTED CHRISTIAN: \_\_\_\_\_

J. PREVIOUS CHURCH MEMBERSHIP HISTORY (SEE NO. 3 ABOVE):

MINISTER / PASTOR: \_\_\_\_\_ TELEPHONE: WORK: \_\_\_\_\_

HOME: \_\_\_\_\_

NAME OF CHURCH: \_\_\_\_\_ DENOMINATION: \_\_\_\_\_

K. AREAS MINISTRY / SERVICE YOU WOULD LIKE TO BE INVOLVED IN AT ST MATTHEWS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_